

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>66/6964-7</i>	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55		/				
6		/					56		/				
7		/					57		/				
8		/					58		/				
9		/					59		/				
10		/					60		/				
11		/					61	/					
12		/					62		/				
13	/						63		/				
14		/					64		/				
15		/					65		/				
16		/					66						
17		/					67						
18		/					68						
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38		/					88						
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41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46	/						96						
47	/						97						
48		/					98						
49	/						99						
50		/					100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	58						TOTAL DEP.						
TOTAL CLAIMS	67						TOTAL CLAIMS						